Correspondence

draw attention to the different criteria for the histological diagnosis of asbestos used by different workers.

This point is of considerable practical importance because in the United Kingdom compensation by the State for lung cancer is given to asbestos workers only if asbestososis or bilateral diffuse pleural thickening is also present. If United Kingdom pathologists used the criteria used by Kipen et al many more asbestos workers would be eligible for compensation for lung cancer.

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Reference


Metal polishing, stomach cancer, and clearing houses

SIR,—In May 1985 we were informed of a patient aged 37 with stomach cancer. He had worked as a metal polisher for a local firm for nine years from 1966 to 1975. The occupational history was taken by a conscientious medical student, who learnt that several of his former metal polishing colleagues had apparently died young from cancer.

The factory concerned was inspected by the Employment Medical Advisory Service (EMAS). Metal polishing was done by hand, applying polishing agent to a rotating brush. A venting system eliminated visible dust. The metals polished were primarily stainless steel and aluminium with some brass and chromium plated articles. The polish consisted of fatty acids, glycerides, mineral oil, waxes, and aluminium oxide abrasives.

A review of the employment records since 1956 established the names of 16 men who had worked in the polishing shop for one year or more. Of these, one man had collapsed and died at work at age 60, probably from a myocardial infarction. Four men, excluding the index case, had definitely died from cancer: one (age 65) from stomach cancer and three (ages 41, 46, and 64) from anaplastic cancer of unknown primary site. The number of cancers expected in this small group of workers, based on the 1982 age specific cancer registration rates for England and Wales, is 0.6, including 0.04 stomach cancers, although these figures are not adjusted for occupational class or for changes in cancer rates—for example, the decrease in incidence of stomach cancer since 1956.

Interestingly, there is some documentary evidence of an increased risk of stomach cancer in metal polishers. A Swedish report in 1983 noted an odds ratio of 9 for stomach cancer based on four deaths in a cohort of 86 workers.1 The ratio for all deaths from cancer was not significantly raised. Similarly, a paper from the United States in 1980 reported a ratio of 3.9 for gastric cancer based on five deaths in metal polishers working in the jewellery industry, using the expected distribution of deaths in all United States men for comparison.2 The ratio for all cancers was not raised. Conversely, a study by Blair found no increased risk of cancer.3

In the United Kingdom occupational mortality reports from the Office of Population Censuses and Surveys are difficult to interpret since occupations are seldom sufficiently well defined to allow precise coding: this point is made specifically in relation to the definition of occupational unit 54 (which includes metal polishers) in the 1970–2 decennial report.4 For unit 54, however, a standardised mortality ratio of 1.3 (136/107) was reported for stomach cancer in men and 2.0 (36/18) for stomach cancer in women5 compared with the expected deaths based on social class specific rates, whereas the overall rates for deaths from cancer in men and women were not increased.

The reasons for presenting these data are twofold. Firstly, we think that further epidemiological investigation is desirable but we have not been able to assemble a sufficiently large local cohort of metal polishers, and we would welcome collaboration in other places. Secondly, we often become engaged in investigating occupational and other non-infectious diseases and, as with our work in infectious diseases, this usually entails assessing sporadic clusters of disease. In our experience this may only be done effectively if there is a central agency such as the Communicable Disease Surveillance Centre to act as a clearing house and reference point—not simply to collect but also to disseminate relevant information. In this investigation such a clearing house was sorely missed, and we would welcome suggestions as to how this need should be met.

Finally, we would like to thank Dr J Huckbody of EMAS for his help and advice.

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